



WELCOME

“EACH PATIENT CARRIES HIS OWN DOCTOR INSIDE HIM. WE ARE AT OUR BEST WHEN WE GIVE THE DOCTOR WHO RESIDES WITHIN EACH PATIENT A CHANCE TO WORK. — ALBERT SCHWETZER, MD

Pediatric History Form

Health History

Purpose For Contacting Us? _____

Other Doctors Seen for this Condition: Y N Doctors' Names and Treatments: _____

Other Health Problems? _____

Check any of the following conditions your child has suffered from during the past six months:

- Ear infections
- Scoliosis
- Seizures
- Chronic colds
- Headaches
- Asthma/Allergies
- Digestive problems
- ADHD
- Recurring fevers
- Growing/Back pains
- Colic
- Bed wetting
- Car accident
- Temper tantrums
- Other _____

History

Family history: _____

Previous chiropractor: _____

Date of last visit: ___/___/___ Reason: _____

Name of pediatrician: _____

Date of last visit: ___/___/___ Reason: _____

Are you satisfied with the care your child receives there? Y N

Number of doses of antibiotics your child has taken: During the past six months: _____ Lifetime: _____

List the antibiotics taken: _____

Vaccination history: _____

Prenatal History

Name of Obstetrician/Midwife: _____

Complications during pregnancy? Y N , _____

Ultrasounds during pregnancy? Y N , Number: _____

Medications during pregnancy/delivery? Y N , List: _____

Cigarette/Alcohol use during pregnancy? Y N

Location of birth: Hospital Birthing center Home

Birth intervention: Forceps Vacuum extraction Caesarian section- Emergency or Planned

Complications during delivery? Y N , List: _____

Genetic disorders or disabilities: Y N , List: _____

Birth weight: _____ Birth Length: _____ APGAR Scores: _____, _____

Feeding Hx

Breast fed: Y N ,How long:_____

Formula fed: Y N ,How long:_____ Type:_____

Introduced to solid foods at:_____ Months, Cows milk at _____ Months

Food/Juice allergies or intolerances: Y N , List_____

Developmental Hx

During the following times your child's spine is most vulnerable to stress and should routinely be checked by a doctor of chiropractic for prevention and early detection of vertebral subluxation (spinal nerve interference). **At what age was your child able to :**

_____ Respond to stimuli(sounds and touching) _____ Respond to visual stimuli _____ Hold head up
 _____ Sit up _____ Cross crawl _____ Stand Alone _____ Walk alone

According to the National Safety Council, approximately 50% of children fall head first from a high place during their first year of life (i.e. a bed, changing table, down stairs, ect.)

Was this the case with your child? Y N
 Is / Has your child been involved in any high impact or contact sports (i.e. soccer, football, gymnastics, baseball, cheerleading, Martial arts, ect.)? Y N ,List:_____
 Has your child ever been in a car accident? Y N ,List:_____
 Has your child been seen on an emergency basis? Y N ,List:_____
 Other traumas not described above? Y N ,List:_____
 Prior surgery? Y N ,List:_____

Childhood diseases:

Chicken Pox Y N , Age:_____ Rubella Y N , Age:_____ Rubeola Y N , Age:_____
 Mumps Y N , Age:_____ Whooping Cough Y N , Age:_____ Other Y N , Age:_____

Do Not Write Below This Line

Infant Physical Exam

Supine Leg Length Check _____

Palpation Exam

Infant Reflexes – Under 1	Right		Left		OCC	C1	C2	C3	C4	C5	C6	C7	
	P	A	P	A									
Rooting	P	A	P	A									
Sucking	P	A	P	A									
Nasopalperbral	P	A	P	A	T1	T2	T3	T4	T5	T6	T7	T8	T9
Blink	P	A	P	A									
Pupillary	P	A	P	A									
Head control	P	A	P	A	T10	T11	T12		L1	L2	L3	L4	L5
Tonic neck	P	A	P	A									
Neck righting	P	A	P	A	SAC	LI	RI	Doctor's Notes:					
Otolith righting	P	A	P	A									
Palmar grasp	P	A	P	A									

P – present A – absent